

**ST. NORBERT COLLEGE  
INDEPENDENT CONTRACTOR AGREEMENT**

This agreement is entered into by and between \_\_\_\_\_ ("Contractor"), and St. Norbert College ("SNC Purchaser").

<p><b>Nature of Services to be Performed</b></p> <p>Description _____</p> <p>_____</p> <p>Select one: <input type="checkbox"/> Translator   <input type="checkbox"/> Musician/Singer/Performer   <input type="checkbox"/> Speaker   <input type="checkbox"/> Thesis Director/Reader   <input type="checkbox"/> Other (describe above)</p> <p>Date _____ to _____   Time _____   Place _____</p> <p>Payment will be in the form of a check payable to _____</p> <p>Time of Payment _____ (No advance payments will be made.)</p>
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<p><b>Amount Payable</b></p> <p>Services _____</p> <p>Lodging _____ Meals _____ Transportation _____ Other _____</p> <p>Total _____</p> <p>Fund <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Org <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Acct <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Prog <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
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<p><b>Contractor Information</b></p> <p>Legal Name or Business Name _____</p> <p>Select one: <input type="checkbox"/> Individual/Sole Proprietor   <input type="checkbox"/> Corporation   <input type="checkbox"/> Partnership   <input type="checkbox"/> Other _____</p> <p>Social Security # or Employer Identification # _____</p> <p>Mailing Address _____</p> <p>_____</p> <p><b>SNC Purchaser telephone extension</b> _____</p>
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The contractor shall be responsible for all expenses incurred in providing services under this contract, except as specifically agreed on in writing by the parties. The contractor shall use its own equipment, supplies, and all other items necessary for the performance of its services under this contract. The contractor shall not be covered by the College's workers' compensation insurance, be entitled to claim workers' compensation from the College nor be eligible for any benefit programs offered by the College to its employees. Both parties acknowledge that the contractor is an independent contractor, as that term is defined under all local, state, federal and common laws. The contractor is solely responsible for any and all required taxes and withholdings for services rendered under this contract.

IN WITNESS WHEREOF, the parties have caused this agreement, dated this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

SNC Purchaser \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address St. Norbert College, 100 Grant Street  
DePere, WI 54115  
 Date \_\_\_\_\_

Contractor \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date \_\_\_\_\_